

MAY 15 2006

PTO/SB/97 (09-04)

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Application No. (if known): 10/771,447

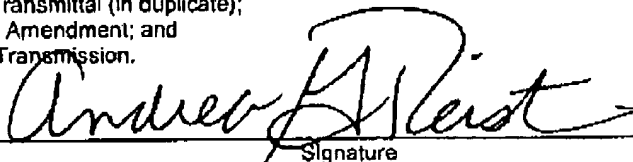
Attorney Docket No.: 000166.0109-US04

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Amendment Transmittal (in duplicate);
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Andrea G. Reister

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DATE: May 15, 2006

PTO IDENTIFIER: Application Number 10/771,447-Conf. #3817
Patent Number

Inventor: David Edwards et al.

MESSAGE TO: US Patent and Trademark Office
Examiner Lopez

FAX NUMBER: (571) 273-7937

FROM: COVINGTON & BURLING

Andrea G. Reister

PHONE: (202) 662-5141

Attorney Dkt #: 000166.0109-US04

PAGES (Including Cover Sheet): 14

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Amendment Transmittal (in duplicate);
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MAY 15 2006

Docket No.: 000166.0109-US04
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:
David Edwards et al.

Application No.: 10/771,447

Group Art Unit: 3743

Filed: February 5, 2004

Examiner: M. B. Patel

For: INHALATION DEVICE AND METHOD**TRANSMITTAL LETTER**MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Amendment Transmittal (in duplicate);
2. Supplemental Amendment; and
3. Certificate of Transmission.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Order No. 000166.0109-US04. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper.

Application No.: 10/771,447

2

Docket No.: 000166.0109-US04

However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: May 15, 2006

Respectfully submitted,

By 

Andrea G. Reister

Registration No.: 36,253

COVINGTON & BURLING

1201 Pennsylvania Avenue, N.W.

Washington, DC 20004-2401

(202) 662-6000

Attorneys for Applicant

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Andrea G. Reister

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COVINGTON & BURLING

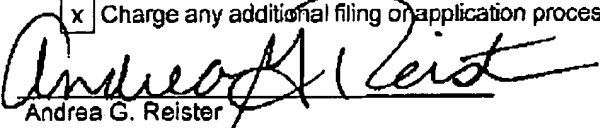
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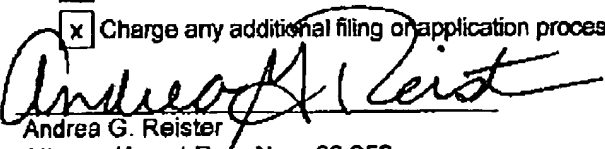
(202) 662-6000

Attorneys for Applicant

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AMENDMENT TRANSMITTAL LETTER				Docket No. 000166.0109-US04	
Application No. 10/771,447-Conf. #3817		Filing Date February 5, 2004		Examiner M. B. Patel	
				Art Unit 3743	
Applicant(s): David Edwards et al.					
Invention: INHALATION DEVICE AND METHOD					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	22	=	x	
Independent Claims	2	3	=	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0740</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Andrea G. Reister Attorney/Agent Reg. No.: 36,253				Dated: <u>May 15, 2006</u>	
COVINGTON & BURLING 1201 Pennsylvania Avenue, N.W. Washington, DC 20004-2401 (202) 662-5141					

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Total Claims	17	- 22 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
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Art Unit: 3743

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Examiner: Lopez

For: INHALATION DEVICE AND METHOD**SUPPLEMENTAL AMENDMENT**MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the request of Examiners Lopez, Mitchell, and Bennett, and the telephonic interviews conducted on May 10 and May 15, 2006, Applicants provide the following supplemental amendment to amend claim 1 in accordance with the suggestions of Mr. Bennett.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

DC: 2144969-1